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Proceedings Paper:

Ford, H, Manzano, A orcid.org/0000-0001-6277-3752, Eskyte, I et al. (9 more authors) (2017) Understanding the treatment preferences of people with relapsing remitting multiple sclerosis. In: Multiple Sclerosis Journal. MS Paris 2017: 7th Joint ECTRIMS - ACTRIMS Meeting, 25 Oct 2017 - 28 Oct 2018, Paris, France. SAGE Publications, pp. 919-920.

https://doi.org/10.1177/1352458517731285

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Understanding the treatment preferences of people with relapsing remitting multiple sclerosis

Ford H, Manzano A, Eskyte I, Pavitt S, Pepper G, et al., MULTIPLE SCLEROSIS JOURNAL, 2017 ECTRIMS Online Library. Oct 25, 2017; 199766

Abstract: EP1746 **Type:** ePoster

Abstract Category: Therapy - disease modifying - 29 Risk management for disease modifying treatments

Background: The last decade has seen a large increase in the number of disease modifying treatments (DMTs) for people with relapsing remitting multiple sclerosis (PwRRMS). There is, however, a knowledge gap as to which type of DMT people prefer, how their choices are related to treatment attributes (how aggressive they are, risks, mode of administration, etc.), and how these preferences relate to when/if treatments are started. Discrete choice experiments (DCEs) help to understand the relative importance of treatment attributes and the trade-offs made in decision-making but they need to be supported by robust qualitative work.

Aim: To identify which are the attributes of DMTs attributes most important to PwRRMS as a first step to design a DCE.

Methods: Attribute identification included 3 phases:

- 1) A critical review of the literature to generate a conceptual framework for setting out the underlying context in which behavioural decision making takes place.
- 2) Stakeholder focus groups (n=17 participants) with PwRRMS, neurologists and MS nurses to explore preferences for individual DMTs, their benefits and risks, and to establish a sampling strategy.
- 3) Semi-structured qualitative interviews with PwRRMS (n=30) to understand the main factors that discourage and encourage choosing, starting, switching and stopping DMTs; why such decisions are taken, and how specific preferences relate to attributes of the DMTs. Data was analysed using a thematic analysis.

Results: Eight key interrelated attributes of DMTs were identified:

- 1) mode of administration;
- 2) effectiveness;
- 3) duration, severity, controllability and reversibility of side effects;
- 4) how treatment routine including frequency of administration and side effects management- fits into lifestyle;
- 5) practicality & transportability;
- 6) treatment monitoring;
- 7) likelihood of adherence;
- 8) parenthood and reproduction.

Conclusion: PwRRMS trade off a complex set of interrelated attributes to weigh up advantages and disadvantages of DMTs. Some of them are related to DMT clinical outcomes (efficacy, side effects) whilst others are related to how DMT outcomes and processes can be integrated into patients' lives.

Disclosure: Study funded by the UK Multiple Sclerosis Society (Award Reference: 30)

Manzano A: Nothing to disclose

Eskyte I: Nothing to disclose

Pavitt S: Nothing to disclose

Ford, H: In the last year HF has received consultancy/speaker fees and support to attend educational meetings from Merck, Novartis, Teva and Genzyme

Pepper, G: Nothing to disclose

Chataway, J has support from the National Institute of Health Research (NIHR) University College London Hospitals Biomedical Research Centres funding scheme and University College London (UCL). In the last 3

years, he has attended advisory boards for Roche, Merck and Apitope. He is local principal investigator for trials in multiple sclerosis funded by Novartis, Biogen, and Receptos

Schmierer, K is the PI on trials sponsored by Novartis, Roche and Teva and is involved in trials sponsored by Biogen, Genzyme, BIAL, Cytokinetics and Canbex. He has received speaking honoraria from, and/or served in an advisory role for, Biogen, Novartis, Teva, Merck Inc. He was supported by Genzyme to attend AAN 2014 and Novartis to attend AAN 2016. He has received research support from Novartis, Biogen, National MS Society (US), MS Society of Great Britain & Northern Ireland, Royal College of Radiologists, and Barts Charity.

Webb, D.: Nothing to disclose

Potrata, B: Nothing to disclose

Meads, D.: Nothing to disclose

Marti, J: Nothing to disclose

Bekker, H: Nothing to disclose